

| | | | |
|---------------------|------------------|---------------------------|------------------|
| Patient Name | MR.KUMAR SHUBHAM | Requested By | EHC |
| MRN | 20150000001759 | Procedure DateTime | 28-10-2023 11:54 |
| Age/Sex | 31Y/Male | Hospital | NH-JAYANAGAR |

CHEST RADIOGRAPH (PA VIEW)

CLINICAL DETAILS: For health checkup.

FINDINGS:

- The lung fields and bronchovascular markings appear normal.
- The cardiac size is within normal limits.
- Mediastinum and great vessels are within normal limits.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

IMPRESSION:

- No significant abnormality detected.



Dr. Pallavi CJ, DMRD, DNB
Consultant Radiologist

* This is a digitally signed valid document. Reported Date/Time: 28-10-2023 12:36

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-- End of Report --

Page 1 of 1



ADULT TRANS-THORACIC ECHO REPORT

NAME : MR.KUMAR SHUBHAM

AGE/SEX : 31YRS/MALE

MRN NO : 2015000001759

DATE : 28.10.2023

FINAL DIAGNOSIS:

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- NORMAL VALVES
- MR-MILD
- NORMAL PA PRESSURE
- NORMAL RV/LV FUNCTION
- LVEF- 60%

MEASUREMENTS

AO: 30 MM

LVID (d) : 48 MM

IVS (d) : 11 MM

RA : 33 MM

LA: 35 MM

LVID(s) : 26 MM

PW (d) : 11 MM

RV : 27 MM

EF: 60 %

VALVES

MITRAL VALVE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS

LEFT ATRIUM : NORMAL

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL, NORMAL LV FUNCTION

RIGHT VENTRICLE : NORMAL, TAPSE-19 MM, NORMAL RV FUNCTION

RVOT/LVOT : NORMAL

SEPTAE

IVS : INTACT

IAS : THIN AND INTACT

GREAT ARTERIES

AORTA : NORMAL, AORTIC ANNULUS-18 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A – 1.1/0.8 M/S, MR – MILD

AORTIC VALVE : PG-5 MMHG

TRICUSPID VALVE : TR – TRIVIAL, PASP- 25 MMHG

PULMONARY VALVE : PG- 2 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

PERICARDIUM : NORMAL

VEGETATION/THROMBUS : ABSENT

OTHER FINDINGS

IVC- 14 MM, NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM

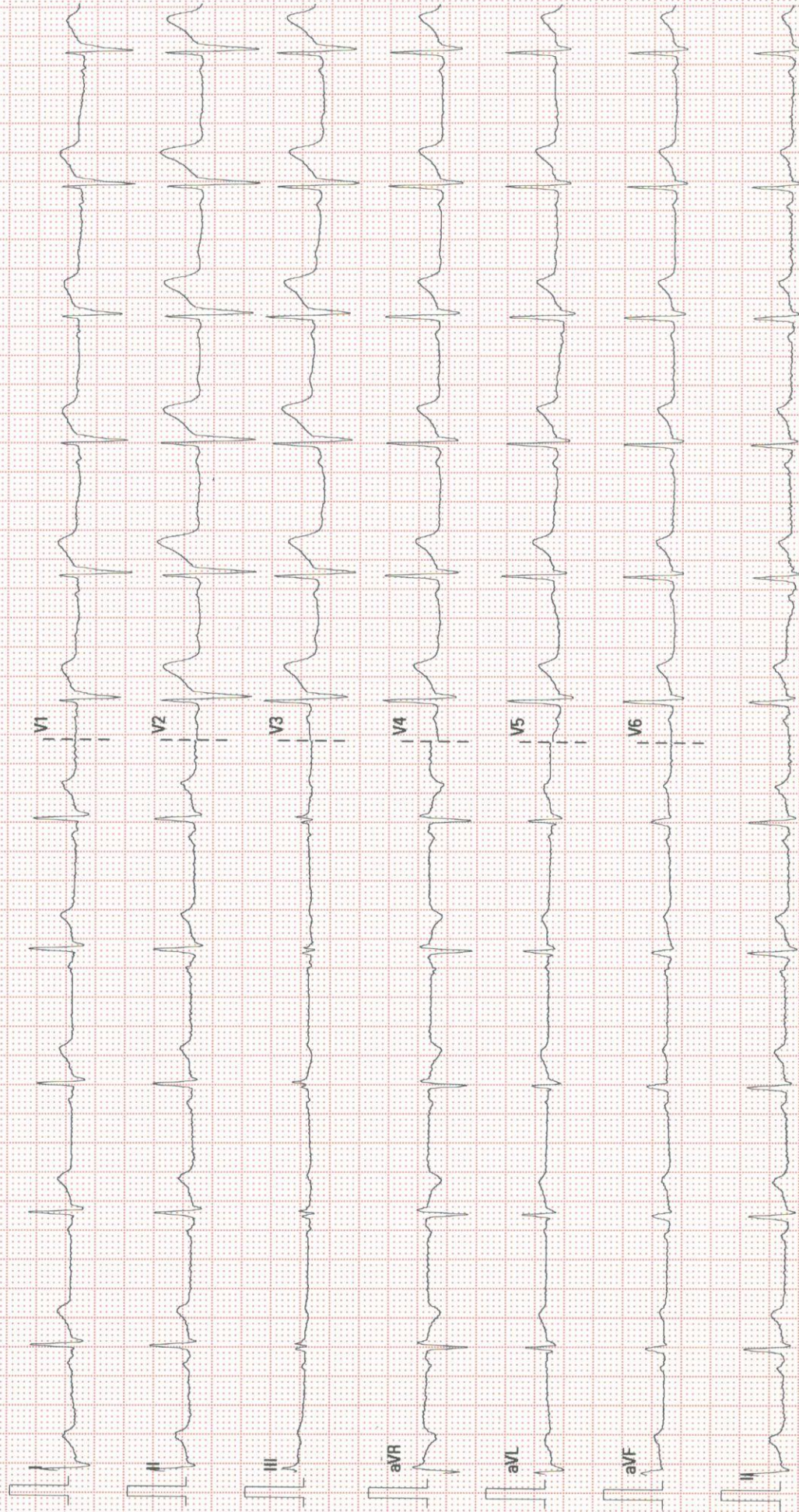
SINUS RHYTHM/ 71 BPM

**MS.GULSUM JAMEEL FATHIMA M
JUNIOR CARDIAC SONOGRAPHER**

ID: 2015-1759
Name: MR KUMAR SHUBHAM
Age: 31 Years
Gender: Male

28-10-2023 11:16:58 AM

Vent. Rate 68 bpm
PR Interval 140 ms
QRS Duration 84 ms
QT/QTc interval 358/372 ms
P/QRS/T Axes 41/55/30 deg
QTc: Hodges



ULTRASOUND ABDOMEN AND PELVIS

Patient Name : Mr.Kumar Shubham **Patient ID** : 2015-1759
Age : 31Years **Sex** : Male
Referring Doctor : EHP **Date** : 28.10.2023

FINDINGS:

Liver is normal in size and **mild increased** echopattern. No-intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity.

Spleen is normal in size, shape, contour and echogenicity. No evidence of mass or focal lesions.

Right Kidney is normal in size (measures 10.1 cm in length & 1.5 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 9.8cm in length & 1.2 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi.

Prostate is normal in echopattern and normal in size, and measuring 3.1x3.3x3.2.volume- 18 cc

Umbilical hernia with a defect measuring 0.9cm with herniation of omentum

IMPRESSION:

- **Grade I Fatty Liver.**
- **Umbilical Hernia.**



Dr B S RAMKUMAR35772
Consultant Radiologist

Disclaimer:

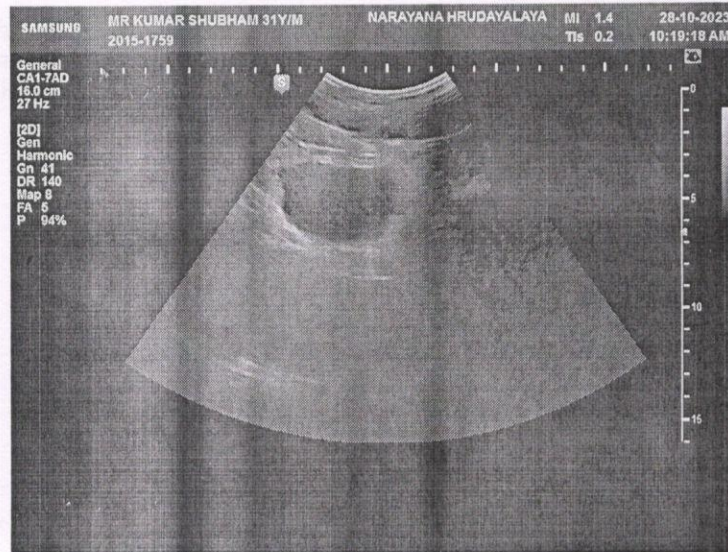
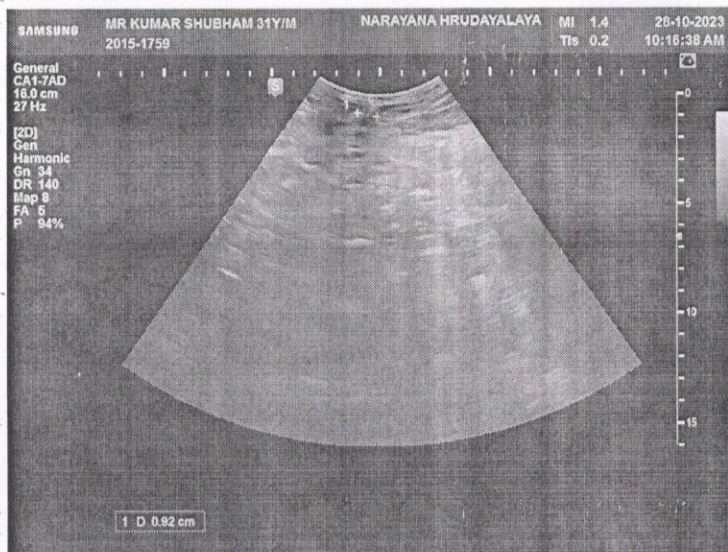
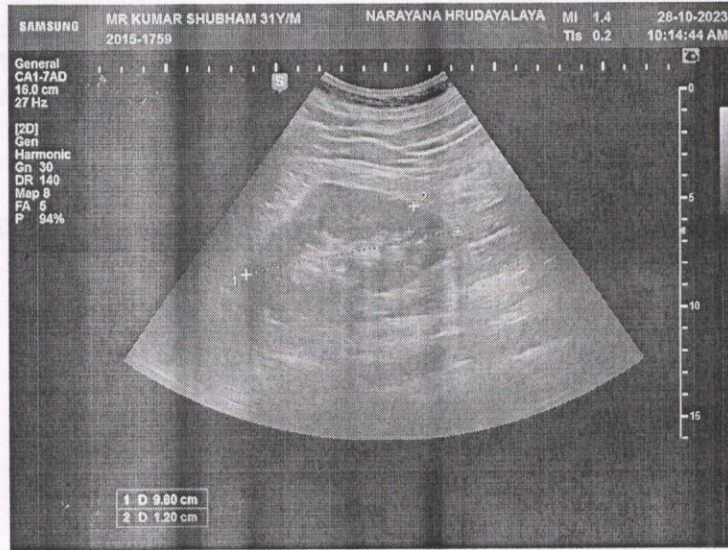
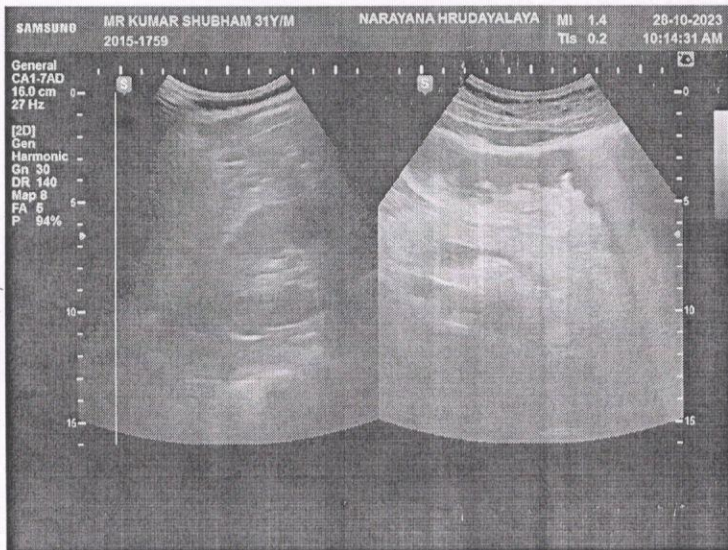
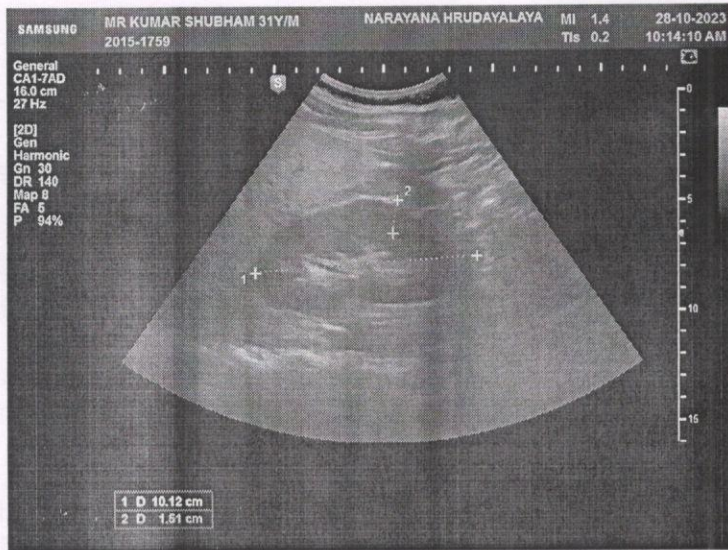
Note: Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. This Report is not for Medico - Legal Purposes.

Patient

Exam

ID 2015-1759
 Name MR KUMAR SHUBHAM 31Y/M
 Birth Date
 Gender

Accession #
 Exam Date 28-10-2023
 Description
 Operator



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Kumar Shubham MRN : 2015000001759 Gender/Age : MALE , 31y (03/01/1992)
 Collected On : 28/10/2023 09:22 AM Received On : 28/10/2023 12:59 PM Reported On : 28/10/2023 02:56 PM
 Barcode : 032310280147 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7411665076

CLINICAL PATHOLOGY

| Test | Result | Unit | Biological Reference Interval |
|---|-------------|------|-------------------------------|
| URINE ROUTINE & MICROSCOPY | | | |
| PHYSICAL EXAMINATION | | | |
| Colour | STRAW | - | - |
| Appearance | Not Present | - | - |
| CHEMICAL EXAMINATION | | | |
| pH(Reaction) (pH Indicator Method) | 5.0 | - | 4.5-7.5 |
| Sp. Gravity (Refractive Index) | 1.024 | - | 1.002 - 1.030 |
| Protein (Automated Protein Error Or Ph Indicator) | Not Present | - | Not Present |
| Urine Glucose (Enzyme Method (GOD POD)) | Not Present | - | Not Present |
| Ketone Bodies (Nitroprusside Method) | Not Present | - | Not Present |
| Bile Salts (Azo Coupling Method) | Not Present | - | Not Present |
| Bile Pigment (Bilirubin) (Azo Coupling Method) | Not Present | - | Not Present |
| Urobilinogen (Azo Coupling Method) | Normal | - | Normal |
| Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity) | Not Present | - | Not Present |
| Blood Urine (Peroxidase Reaction) | Not Present | - | Not Present |
| Nitrite (Gries Method) | Not Present | - | Not Present |
| MICROSCOPIC EXAMINATION | | | |
| Pus Cells | 0.5 | /hpf | 0-5 |



| Patient Name : Mr Kumar Shubham MRN : 20150000001759 Gender/Age : MALE , 31y (03/01/1992) | | | |
|---|-------------|------|-------------|
| RBC | 1.4 | /hpf | 0-4 |
| Epithelial Cells | 1.4 | /hpf | 0-6 |
| Crystals | 0.0 | /hpf | 0-2 |
| Casts | 0.35 | /hpf | 0-1 |
| Bacteria | 9.1 | /hpf | 0-200 |
| Yeast Cells | 0.0 | /hpf | 0-1 |
| Mucus | Not Present | - | Not Present |

Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

| | | | |
|--|-------------|---|---|
| Urine For Sugar (Fasting) (Enzyme Method (GOD POD)) | Not Present | - | - |
|--|-------------|---|---|

| | | | |
|--|-------------|---|---|
| Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD)) | Not Present | - | - |
|--|-------------|---|---|

STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

| | | | |
|-------------|------------|---|---|
| Colour | Brownish | - | - |
| Consistency | Semi Solid | - | - |
| Mucus | Absent | - | - |

CHEMICAL EXAMINATION

| | | | |
|---|----------|---|---|
| Stool For Occult Blood (Standard Guaiac Method) | Negative | - | - |
| Reaction | Alkaline | - | - |

MICROSCOPE EXAMINATION

| | | | |
|---|----------|------|-----|
| Patient Name : Mr Kumar Shubham MRN : 20150000001759 Gender/Age : MALE , 31y (03/01/1992) | | | |
| Ova | Not Seen | - | - |
| Cyst Of Protozoa | Not Seen | - | - |
| Pus Cells | 2-4 | /hpf | 0-5 |



Dr. Shalini K S
DCP, DNB, Pathology
Consultant

BIOCHEMISTRY

| Test | Result | Unit | Biological Reference Interval |
|---|--------------|-------|---|
| FASTING BLOOD GLUCOSE (FBG) (Colorimetric - Glucose Oxidase Peroxidase) | 85 | mg/dL | 70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020 |
| POST PRANDIAL BLOOD GLUCOSE (PPBG) (Colorimetric - Glucose Oxidase Peroxidase) | 104 | mg/dL | 70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020 |
| HBA1C | | | |
| HbA1c (HPLC NGSP Certified) | 6.1 H | % | Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020 |
| Estimated Average Glucose (Calculated) | 128.37 | - | - |

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

SERUM CREATININE

Patient Name : Mr Kumar Shubham MRN : 20150000001759 Gender/Age : MALE , 31y (03/01/1992)

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase) 0.87 mg/dL 0.66-1.25

eGFR (Calculated) 102.4 mL/min/1.73m² Indicative of renal impairment < 60
Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.

Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease) 16 mg/dL 9.0-20.0

Serum Uric Acid (Colorimetric - Uricase,Peroxidase) 6.6 mg/dL 3.5-8.5

LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)

Cholesterol Total (Colorimetric - Cholesterol Oxidase) 172 mg/dL Desirable: < 200
Borderline High: 200-239
High: > 240

Triglycerides (Colorimetric - Lip/Glycerol Kinase) 54 mg/dL Normal: < 150
Borderline: 150-199
High: 200-499
Very High: > 500

HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method) **31 L** mg/dL 40.0-60.0

Non-HDL Cholesterol (Calculated) **141.0 H** mg/dL Desirable: < 130
Above Desirable: 130-159
Borderline High: 160-189
High: 190-219
Very High: => 220

LDL Cholesterol (Colorimetric) 139 mg/dL Optimal: < 100
Near to above optimal: 100-129
Borderline High: 130-159
High: 160-189
Very High: > 190

VLDL Cholesterol (Calculated) 10.8 mg/dL 0.0-40.0

Cholesterol /HDL Ratio (Calculated) **5.6 H** - 0.0-5.0

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method) 0.48 mg/dL 0.2-1.3

Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry) 0.00 mg/dL 0.0-0.3

| | | | |
|--|-------------|-------|------------|
| Patient Name : Mr Kumar Shubham MRN : 20150000001759 Gender/Age : MALE , 31y (03/01/1992) | | | |
| Unconjugated Bilirubin (Indirect) (Calculated) | 0.48 | mg/dL | 0.0-1.1 |
| Total Protein (Colorimetric - Biuret Method) | 7.80 | gm/dL | 6.3-8.2 |
| Serum Albumin (Colorimetric - Bromo-Cresol Green) | 4.70 | gm/dL | 3.5-5.0 |
| Serum Globulin (Calculated) | 3.1 | gm/dL | 2.0-3.5 |
| Albumin To Globulin (A/G)Ratio (Calculated) | 1.52 | - | 1.0-2.1 |
| SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) | 48 | U/L | 17.0-59.0 |
| SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) | 85 H | U/L | <50.0 |
| Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer) | 89 | U/L | 38.0-126.0 |
| Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method)) | 29 | U/L | 15.0-73.0 |

Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

THYROID PROFILE (T3, T4, TSH)

| | | | |
|--|----------------|--------|-----------|
| Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence) | 1.49 | ng/mL | 0.97-1.69 |
| Thyroxine (T4) (Enhanced Chemiluminescence) | 11.5 H | µg/dl | 5.53-11.0 |
| TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) | 4.825 H | µIU/mL | 0.4-4.049 |

Interpretation Notes

- TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% , hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

Patient Name : Mr Kumar Shubham MRN : 2015000001759 Gender/Age : MALE , 31y (03/01/1992)



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

HEMATOLOGY

| Test | Result | Unit | Biological Reference Interval |
|--|--------|--------|-------------------------------|
| Erythrocyte Sedimentation Rate (ESR) (Westergren Method) | 2 | mm/1hr | 0.0-10.0 |

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert



Dr. Shalini K S
DCP, DNB, Pathology
Consultant

HEMATOLOGY

| Test | Result | Unit | Biological Reference Interval |
|---|--------|------------------|-------------------------------|
| COMPLETE BLOOD COUNT (CBC) | | | |
| Haemoglobin (Hb%) (Photometric Measurement) | 14.7 | g/dL | 13.0-17.0 |
| Red Blood Cell Count (Electrical Impedance) | 5.07 | million/ μ l | 4.5-5.5 |
| PCV (Packed Cell Volume) / Hematocrit (Calculated) | 46.4 | % | 40.0-50.0 |
| MCV (Mean Corpuscular Volume) (Derived) | 91.5 | fL | 83.0-101.0 |

| | | | |
|---|---------------|---------------------------|-------------|
| Patient Name : Mr Kumar Shubham MRN : 20150000001759 Gender/Age : MALE , 31y (03/01/1992) | | | |
| MCH (Mean Corpuscular Haemoglobin) (Calculated) | 29.0 | pg | 27.0-32.0 |
| MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated) | 31.7 | % | 31.5-34.5 |
| Red Cell Distribution Width (RDW) (Derived) | 15.5 H | % | 11.6-14.0 |
| Platelet Count (Electrical Impedance Plus Microscopy) | 260 | 10 ³ /μL | 150.0-450.0 |
| Mean Platelet Volume (MPV) | 10.3 | fL | 7.0-11.7 |
| Total Leucocyte Count(WBC) (Electrical Impedance) | 8.8 | 10 ³ /μL | 4.0-10.0 |
| DIFFERENTIAL COUNT (DC) | | | |
| Neutrophils (VCS Technology Plus Microscopy) | 46.8 | % | 40.0-75.0 |
| Lymphocytes (VCS Technology Plus Microscopy) | 33.1 | % | 20.0-40.0 |
| Monocytes (VCS Technology Plus Microscopy) | 5.8 | % | 2.0-10.0 |
| Eosinophils (VCS Technology Plus Microscopy) | 13.5 H | % | 1.0-6.0 |
| Basophils (VCS Technology Plus Microscopy) | 0.8 | % | 0.0-2.0 |
| Absolute Neutrophil Count (Calculated) | 4.12 | x10 ³ cells/μl | 2.0-7.0 |
| Absolute Lymphocyte Count (Calculated) | 2.92 | x10 ³ cells/μl | 1.0-3.0 |
| Absolute Monocyte Count (Calculated) | 0.52 | x10 ³ cells/μl | 0.2-1.0 |
| Absolute Eosinophil Count (Calculated) | 1.19 H | x10 ³ cells/μl | 0.02-0.5 |
| Absolute Basophil Count (Calculated) | 0.08 | - | - |

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .
RBC Indices aid in typing of anemia.
WBC Count: If below reference range, susceptibility to infection.

Patient Name : Mr Kumar Shubham MRN : 20150000001759 Gender/Age : MALE , 31y (03/01/1992)

If above reference range- Infection*
If very high in lakhs-Leukemia
Neutrophils -If above reference range-acute infection, mostly bacterial
Lymphocytes -If above reference range-chronic infection/ viral infection
Monocytes -If above reference range- TB,Typhoid,UTI
Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms
Basophils - If above reference range, Leukemia, allergy
Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies
* In bacterial infection with fever total WBC count increases.
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.
In typhoid and viral fever WBC may be normal.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.



Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

NARAYANA HRUDAYALAYA BLOOD CENTRE

| Test | Result | Unit |
|---|----------|------|
| BLOOD GROUP & RH TYPING | | |
| Blood Group (Column Agglutination Technology) | O | - |
| RH Typing (Column Agglutination Technology) | Positive | - |

--End of Report-



Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant

Patient Name : Mr Kumar Shubham MRN : 20150000001759 Gender/Age : MALE , 31y (03/01/1992)

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(Lipid Profile, -> Auto Authorized)
(CR, -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(FASTING BLOOD GLUCOSE (FBG), -> Auto Authorized)
(POST PRANDIAL BLOOD GLUCOSE (PPBG) -> Auto Authorized)

